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MULTIPLE DEPENDENT CLAIM									SERIAL NO. FILING DATE 2-13-94							
FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)									APPLICANT(S)							
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	AS F	AS FILED		TER NDMENT	AFTER 2nd AMENDMENT				*		*		*			
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TOTAL IND. TOTAL DEP.

TOTAL 2 CLAIMS PTO-1360 (3-78)

TOTAL

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT of COMMERCE

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